

BOARDING HOME ENVIRONMENTAL AND FOOD SERVICE OBSERVATIONS

BOARDING HOME NAME:			LICENSE NUMBER:
INSPECTION DATE:	LICENSOR NAME:		,
Inspection Type:	Ⅱ ☐ Follow up	☐ Monitoring	Complaint: #
Observations of the environment occur throughout the inspection. Interviews with facility staff and residents are an important source of information to include.			
 Quality of Life/Resident Rights Staff to resident interaction(s), responsiveness and meeting resident needs: Staff communication with residents: Resident grooming, hygiene, and dress and/or delivery of care: Activities occurring: Recognition of cultural diversity and preferences: Recognition of dignity, privacy, and resident rights: Presence of restraints: Communication system: 			
Physical Environment – Interior: Postings: • CRU Hotline Posted: Current BH License Posted: Last full inspection – cover letter and report:			
 Maintenance and Housekeeping: Furnishings, floors, walls and Presence of objectionable of Housekeeping supply area: 	lors:		
 Laundry – separate areas for Infection Control practices of Temperature (68+ wake hour 	staff:	Hand	d washing:
 Adequate ventilation: Adequate Lighting: Adequate lighting: Cleanliness and condition of resident equipment: Any rails/stairs/ramps properly placed, in good repair: 			
Safety: Prevention of resident access with storage of:			
 Cleaning supplies: Toxic materials: Restricted Egress: System to inform and periods Secure outdoor space: 72" high, firm, stable wa 	accessible to reside	unding alarm: ents without staff, s	e closet: surrounded by walls or fences at least

ATTACHMENT I (Continued) BOARDING HOME NAME: LICENSE NUMBER: INSPECTION DATE: LICENSOR NAME: Full ☐ Follow up ☐ Monitoring Complaint: #____ Emergency/Disaster Preparedness: 1. Emergency lighting: First Aid supplies: 2. Disaster plan: Staff responsibilities: Provisions for essential resident needs – supplies including food, water, and medications: **Common Bathrooms:** • Safe/Clean/Adequate lighting/Grab bars (if applicable for resident needs): • Accessible for all residents/privacy available: • Water Temperature: ____ F. ____ (time) _____ (place). • Water Temperature: ____ F. (time) ______ (place). **Physical Environment – Outdoors:** Handrails: • Stairs/steps/ramps: Garbage/refuse: Presence of pests: General maintenance of sidewalks/walkways: **Food Services:** Food preparation: Cleanliness of food preparation area: Hygiene/hand washing: Staff Observation: Food Storage: Cleanliness: Temperature Control: Refrigerator: Freezer: Prevents contamination: Sanitation: Dishwashing method: Meal Service: Menus: Variety: **Nutritious:** Alternates: Modified Diets: Nutrient Supplements/concentrates: Eating Assistance: **Dining Observation:** Time:

Use Attachment I – Environmental Observations for all full inspections. Continue with Attachment O for further observations, if the facility has a contract for AL, EARC, or EARC – Specialty Dementia Care.